

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-027829

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

116

Primary Registration District No.

4187

Registrar's No.

166

STATE FILE NUMBER

FILED JUL 17 1963

1. PLACE OF DEATH

a. COUNTY FRANKLIN

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN UNION

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MO. b. COUNTY FRANKLIN

c. CITY OR TOWN UNION

Inside Limits
Yes ☐ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION 107 N. LINDEN AVE.

Inside Limits
Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)
107 N. LINDEN AVE.

Reside on Farm
Yes ☐ No ☐

3. NAME OF DECEASED (Type or print)

First ROY Middle A. Last BEASLEY

4. DATE OF DEATH Month JULY Day 14 Year 1963

5. SEX MALE

6. COLOR OR RACE WHITE

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH NOV. 14, 1897

9. AGE (last birthday) 65

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
FARMING

10b. KIND OF BUSINESS OR INDUSTRY
CARPENTER

11. BIRTHPLACE (City and state or country)
UNION, MO.

12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

P.R. BEASLEY

13b. MOTHER'S MAIDEN NAME

ALIVE WELDAY

14. NAME OF HUSBAND OR WIFE

MRS. STELLA BEASLEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
NO

16. SOCIAL SECURITY NO.

17. INFORMANT

MRS. STELLA BEASLEY 107 N. LINDEN

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

DUE TO (b)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

UNION, MO.

INTERVAL BETWEEN ONSET AND DEATH

3 yrs.

7 yrs.

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour . Month, Day, Year
a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 11/20/56 to 7/13/63 and last saw him alive on 7/13/63
Death occurred at 2:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE M. S. McPherson, M.D.

22b. ADDRESS Washington, Mo.

22c. DATE SIGNED 7/15/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE JULY 16, 1963

23c. NAME OF CEMETERY OR CREMATORY MIDLAWN MEM. GARDENS

23d. LOCATION (City, town, or county) UNION, MO.

(State)

24. FUNERAL DIRECTOR

ADDRESS

OLTMANN FUNERAL HOME UNION, MO.

25. DATE RECD. BY LOCAL REG.

7/15/63

26. REGISTRAR'S SIGNATURE

Leola C. Highmeyer

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

DOCUMENT

VS 300
Rev. 4/59

10364

20364

3

4 0

5 1

6

7 0

8 2

9 777X

10

11

12 90-0

13 S-0

JUL 25 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Ralph Altmann

Licensed Embalmer No. 4808

P. O. Address Union, MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.